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July 13, 2001


U.S. Patent and Trademark Office  
Washington, D.C. 20231

Re: U.S. Patent Application No. 09/841,756  
For: HEALTH COST CALCULATOR/FLEXIBLE  
SPENDING CALCULATOR  
Filed: April 24, 2001  
Our Docket No.: 6847-127 / 10100727

Sirs:

This will acknowledge that I give my authorization to allow Anne Murphy, Karen Robertson or Christine Robertson the power to inspect or make copies regarding the above-identified application.

Dated: July 13, 2001

  
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